

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2		/		/			52	
3		2		/			53	
4		2		/			54	
5		2		/			55	
6		2		/			56	
7		2		/			57	
8		2		/			58	
9		2		/			59	
10		2		/			60	
11		2		/			61	
12		2		/			62	
13		2		/			63	
14		2		/			64	
15		2		/			65	
16		2		/			66	
17		2		/			67	
18		2		/			68	
19		2		/			69	
20		2		/			70	
21		2		/			71	
22		2		/			72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			1				TOTAL IND.	
TOTAL DEP.			21				TOTAL DEP.	
TOTAL CLAIMS			22				TOTAL CLAIMS	